

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse

A. Signature

X

G. Brown

☐ Agent☐ Addressee

(Printed Name)

C. Date of Delivery

H. Brown - 8-07

Address different from item 1? ☐ YesDelivery address below: ☐ No

Captain Palmer/Byrd  
Montgomery County Detention Facility  
P.O. Box 4599  
Montgomery, AL 36103

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7005 1820 0002 3461 4148

102595-02-M-154K

PS Form 3811, February 2004

Domestic Return Receipt

the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery



Robison  
Montgomery County Detention Facility  
P.O. Box 4599  
Montgomery, AL 36103

Is your RETURN ADDRESS on the reverse side?

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

4b. Service Type

☐ Registered☒ Certified☐ Express Mail☐ Insured☒ Return Receipt for Merchandise☐ COD

7. Date of Delivery

1-8-07

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.